

LICENSE PROFILE CHANGE

PLEASE NOTE: ALL INFORMATION MUST BE COMPLETED

Date Submitted: _____

Current Name on Health License: _____

Changing Name on Health License to: _____

Date of Birth:

Place of Birth: _____

Social Security Number:

Rhode Island Department of Health License Number: _____

Home Address: _____

City _____

State _____ Zip Code _____

Home Telephone Number: _____ Home Fax Number _____

:Home E-mail Address: _____

Work Name: _____

Work Address: _____

City _____

State _____ Zip Code _____

Work Telephone Number: _____ Work Fax Number: _____

Work E-mail Address: _____

Changes of address can be faxed to the Rhode Island Department of Health at (401) 222-1751, or mailed to:

Rhode Island Department of Health
Data Entry Unit
Room 105A
3 Capitol Hill
Providence, RI 02908-5097